

ROELAND PARK DISCRIMINATION COMPLAINT FORM
Complaint of Discrimination under City Code Chapter 5 Article 12

City of Roeland Park
4600 W. 51st Street
Roeland Park, KS 66205

NOTE: PLEASE TYPE OR PRINT (In Ink Only)

1. What is your legal name? _____

2. What is your street address? _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number: () _____

4. What is your date of birth? _____ Sex: _____

Race: _____ National Origin(ancestry): _____

5. On what BASIS(ES)do you feel you have been discriminated against? (Please check all that may apply)

<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Color
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Veteran/Military Status
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender	<input type="checkbox"/> Mental Disability
<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	

6. Please check the AREA in which the discrimination occurred.

Housing

Employment

Public Accommodations

7. What is the FULL LEGAL NAME of the business or company that discriminated against you?

8. What is that company's mailing address?

Street: _____ City: Roeland Park State: KANSAS

Zip Code: _____ Telephone Number: () _____

9. What does that business/company do?

10. If the company named in # 7 is owned by another company, what is the FULL LEGAL NAME of the Owner Company (if known)? (Parent or Corporate Office of Company listed in #7)

11. What is that company's street address? _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () - _____

12. Have you filed this complaint with any other Federal, State, or Local Anti-Discrimination Agency?

Yes No

If yes, what agency?

On what date did you file? _____

13. Identify the person at the company who discriminated against you?

Name: _____

Position/Title: _____

14. What is the last date that something discriminatory happened to you?

What happened on that date?

Please fill in the particulars of your complaint below.

Be sure to state why you feel you were discriminated against.

I understand that as the filer, I may be liable for all or some of the associated attorney's fees regarding mediation, investigation and/or final hearing. It will be the determination of the assigned attorney(s) which party will be responsible for payment of associated fees based on assessment of the case.

For any party undergoing mediation, payment will be made to the mediator directly. For parties undergoing investigation and/or a hearing, those fees will be payable to the City of Roeland Park to reimburse for services rendered.

X _____ Date _____
Signature of Complainant

I certify under penalty of perjury and pursuant to the laws of the City of Roeland Park, the State of Kansas and the laws of the United States of America that the preceding charge is true and correct.

X _____ Date _____
Signature of Complainant

Subscribed and sworn to before me by _____ on this _____ day of _____, 20_____.

Notary Public in and for the State of Kansas

Commission expires: _____

Intaker Name _____ Phone _____ (direct extension)